

SAMPLE

(Please use correct income for your particular project area.)

ECONOMIC DEVELOPMENT EMPLOYEE INCOME CERTIFICATION

_____ (City/County Commission) is utilizing funds from the Alabama Department of Economic and Community Affairs for the construction of _____ (project description). In order to determine if this project is eligible for federal funds, the following information must be obtained from the proposed beneficiaries. The information will be maintained in the strictest confidence.

Number of Persons in Household _____

Applicant is Handicapped _____

Yes

No

Gender of Applicant _____

Male

Female

If female, are you head-of-household _____ Yes _____ No

Is the Ethnicity of this
HH Hispanic or Latino?

_____ Yes _____ No

Race
of HH

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Am. Indian/Alaskan Native and White

Asian and White

Black/African American and White

Am. Indian/Alaskan Native and Black

Other Multi-Racial

Please CIRCLE the Income Limit that most closely corresponds to your household income for the last year.

Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Very-Low Income	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____
Low Income	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____
Moderate Income	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____
High Income	Over \$_____	Over \$_____	Over \$_____	Over \$_____	Over \$_____	Over \$_____	Over \$_____	Over \$_____

Name of Employee (Print) _____

Signature _____

Date _____